

SPECIAL POWER OF ATTORNEY (IN LOCO PARENTIS)

KNOW ALL PERSONS: That I, _____, currently residing at _____ by this document do make and appoint _____, whose address is _____ as my true and lawful attorney-in-fact to act as follows, GRANTING unto my said Attorney full power to:

1. Perform any and all parental acts, as fully to all intents and purposes as I might or could if personally present, to include but not limited to discipline, maintenance, supervision, arbitration of disputes, enrollment in school, sports or other activities, and consent to any and all medical and dental care;
2. Consent for treatment necessary and appropriate for the general health and welfare of said children listed below; and
3. To act for me and in my name, place and stead in all particulars for the purposes of providing care, for obtaining food, shelter, clothing, education and medical care for the following child(ren):

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

TERMINATION: This power shall remain in full force and effect until _____, unless sooner revoked or terminated by me.

Initials: _____

DURABLE: This power of attorney shall not be affected by the disability of the principal.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this day,

_____.

Grantor's Signature

WITNESS: _____

PRINT NAME: _____

PRINT ADDRESS:

WITNESS: _____

PRINT NAME: _____

PRINT ADDRESS:

ACKNOWLEDGEMENT BY NOTARY PUBLIC

STATE OF _____,
COUNTY OF _____, ss.

The foregoing instrument was acknowledged before me by
_____ and the above named two witnesses, this ____ day
of _____, _____.

Print Name: _____
Notary Public

My commission expires: _____